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School District Claim for State Reimbursement for **Individual and Isolated Transportation**

State	
District	
County	

DUE
DATES

Second Semester First Semester February 1 to County Superintendent May 10 to County Superintendent S: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 27 Lincoln 0519 Troy Elem Elementary District Contract Daily # of Days Transported # # Shared Family's Name Rate 1 1727 No Akin, Jerry 0.50 1 1728 No McNew, Stacy 0.38 1 1729 No Metz, Brian 0.53 Stecher, Daniece 1730 1.25 1 No Stewart, Lela j 1 1731 No 3.08 1 2304 No Savage, Joy 0.50

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School District Claim for State Reimbursement for **Individual and Isolated Transportation**

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DUE
DATES

Second Semester First Semester February 1 to County Superintendent May 10 to County Superintendent S: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 27 Lincoln **0520 Troy H S High School** District Contract Daily # of Days Transported # # Shared Family's Name Rate Janssen, Sue 1 1699 No 15.25 1 1732 No Beal, Merriam 0.50 1 1733 No Kleinhesseluk, Virginia 2.50 9.25 1734 No Mountain, Lisa 1 Nussbaum, Terri 1 1735 No 9.25 1 1736 No Riggs, Loretta 7.00

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School District Claim for State Reimbursement for **Individual and Isolated Transportation**

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District	
County	

DUE
DATES

Second Semester First Semester February 1 to County Superintendent May 10 to County Superintendent S: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 27 Lincoln 0522 Libby K-12 Schools **High School** District Contract Daily # of Days Transported # # Shared Family's Name Rate 4 1709 No Burch, Randie 4.00 4 1737 No Rhodes, Pam 5.25 4 1738 Warner, Karen No 1.75 2301 Petersen, Rachael M 4 No 2.00 2348 Andrew & Romsey, Foote 4 No 12.30 4 2349 No Plait, Robert 3.60 4 2511 No Rowe, DeeAnn 0.25



School District Claim for State Reimbursement for **Individual and Isolated Transportation**

State	
District	
County	

0.33

1.38

DUE
DATES

13

13

2382

2444

No

No

Second Semester First Semester February 1 to County Superintendent May 10 to County Superintendent **S**: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning 20 and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District: District Level: County: 27 Lincoln 0527 Eureka Elem Elementary District Contract Daily # of Days Transported # Shared Family's Name Rate 13 1739 No Belstad, Jerry 1.25 13 1740 No Carvey, Charie 1.00 13 1741 No Hazen, Fredrick D 7.00 1742 Murphy, Nicki 13 No 0.50 1743 Rackley, Pamela 13 No 0.75 13 1744 No Sakahara, Cheryl 1.75 1745 Sherwood, Sara 13 No 0.75 13 1746 Tempel, Jerry 0.25 No 13 1747 No Thompson, James & Lisa 0.25 1748 Workman, Julie 0.25 13 No 13 2273 No Glover, Ron 6.50 Haugen, Nancy 13 2274 No 6.00 13 2275 No Johnson, Susie 1.25 13 2346 No Wilson, Mary 1.25

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Vandeburg, Carrie

Ard, Wanda D

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Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501

School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Helena, MT 59620-2501 **Second Semester** First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 0528 Lincoln County H S 27 Lincoln **High School** District Contract **Daily** # of Days Transported # # Shared Family's Name Rate CO 2276 No Carpenter, Karen 0.50

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School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Helena, MT 59620-2501 **Second Semester** First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District Level: District: 27 Lincoln 0532 Sylvanite Elem Elementary District Contract **Daily** # of Days Transported # # Shared Family's Name Rate 23 1749 No Smith, Rebecca 1.70

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School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Second Semester First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 27 Lincoln 0533 Yaak Elem Elementary District Contract Daily # of Days Transported # Shared Family's Name Rate 24 1750 No Burggraf, Ken & Mary 4.50 Caliri, Devin & Nicole 24 1751 No 0.00 No 24 1752 Freund, Kellee 4.50 1753 Kahl, Matthew 24 No 5.00 24 1754 Mountain, Lisa 4.50 No

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School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Second Semester First Semester **DUE** May 10 to County Superintendent February 1 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 0534 Trego Elem 27 Lincoln Elementary Contract District **Daily** # of Days Transported # # Shared Family's Name Rate 53 1755 No Martin, Sunny 0.60 53 2163 No Weikal, Chris 1.45